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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 09/15/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY RUSSIAN FEDERATION	SHEETS DRAWING 3	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials				

## ADDRESS

7812

## TITLE

APPARATUS AND METHOD FOR PASSIVE AND ACTIVE THERAPEUTIC EXERCISE

<b>FILING FEE RECEIVED</b> 521	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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